Complete Summary

GUIDELINE TITLE

Intradiscal electrotherapy.

BIBLIOGRAPHIC SOURCE(S)

Intradiscal electrotherapy (IDET). Philadelphia (PA): Intracorp; 2004. Various p.

GUIDELINE STATUS

This is the current release of the guideline.

All Intracorp guidelines are reviewed annually and updated as necessary, but no less frequently than every 2 years. This guideline is effective from July 1, 2004 to July 1, 2006.

** REGULATORY ALERT **

FDA WARNING/REGULATORY ALERT

Note from the National Guideline Clearinghouse: This guideline references a drug(s) for which important revised regulatory information has been released.

On April 7, 2005, after concluding that the overall risk versus benefit profile is unfavorable, the FDA requested that Pfizer, Inc voluntarily withdraw Bextra (valdecoxib) from the market. The FDA also asked manufacturers of all marketed prescription nonsteroidal anti-inflammatory drugs (NSAIDs), including Celebrex (celecoxib), a COX-2 selective NSAID, to revise the labeling (package insert) for their products to include a boxed warning and a Medication Guide. Finally, FDA asked manufacturers of non-prescription (over the counter [OTC]) NSAIDs to revise their labeling to include more specific information about the potential gastrointestinal (GI) and cardiovascular (CV) risks, and information to assist consumers in the safe use of the drug. See the FDA Web site for more information.

COMPLETE SUMMARY CONTENT

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES
IDENTIFYING INFORMATION AND AVAILABILITY

SCOPE

DISEASE/CONDITION(S)

Chronic discogenic low back pain

GUIDELINE CATEGORY

Management
Treatment

CLINICAL SPECIALTY

Chiropractic
Family Practice
Internal Medicine
Orthopedic Surgery

INTENDED USERS

Allied Health Personnel
Health Care Providers
Health Plans
Hospitals
Managed Care Organizations
Utilization Management

GUIDELINE OBJECTIVE(S)

To present recommendations for the management and treatment of chronic discogenic low back pain using intradiscal electrotherapy (IDET) that will assist medical management leaders to make appropriate benefit coverage determinations

TARGET POPULATION

Individuals with chronic discogenic low back pain

INTERVENTIONS AND PRACTICES CONSIDERED

Treatment

1. Intradiscal electrotherapy (IDET) (Not recommended)
2. Nonsteroidal anti-inflammatory medications (NSAIDs)
3. Locally applied heat/cold
4. Activity modification

5. Narcotic analgesics
6. Muscle relaxants
7. Coanalgesics and pain threshold elevators

MAJOR OUTCOMES CONSIDERED

- Disability
- Pain relief
- Use of pain medications
- Physical functioning

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Searches were performed of the following resources: reviews by independent medical technology assessment vendors (such as -the Cochrane Library, HAYES); PubMed; MD Consult; the Centers for Disease Control and Prevention (CDC); the U.S. Food and Drug Administration (FDA); professional society position statements and recommended guidelines; peer reviewed medical and technology publications and journals; medical journals by specialty; National Library of Medicine; Agency for Healthcare Research and Quality; Centers for Medicare and Medicaid Services; and Federal and State Jurisdictional mandates

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus (Delphi)

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

A draft Clinical Resource Tool (CRT or guideline) is prepared by a primary researcher and presented to the Medical Technology Assessment Committee.

The Medical Technology Assessment Committee is the governing body for the assessment of emerging and evolving technology. The Committee is comprised of a Medical Technology Assessment Medical Director, the Benefit and Coverage Medical Director, CIGNA Pharmacy, physicians from across the enterprise, the Clinical Resource Unit staff, Legal Department, Operations, and Quality.

Revisions are suggested and considered. A vote is taken for acceptance or denial of the CRT.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Comparison with Guidelines from Other Groups
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Treatment

Intradiscal electrotherapy (IDET)

Note: There is currently insufficient evidence to recommend IDET as a procedure for relief of pain caused by tears of disc walls or herniated discs. IDET is considered to be "Investigational" and "Unproven" at this time.

Treatment Alternatives

Comprehensive care using conservative therapies should be recommended when intradiscal electrotherapy is requested. This should include some or all of the following:

- Nonsteroidal anti-inflammatory medications (NSAIDs)
- Locally applied heat/cold
- Activity modification, physical therapy (PT)/exercise program
- Short-term (four to six weeks) treatment with narcotic analgesics and/or muscle relaxants
- Coanalgesics and pain threshold elevators (e.g., Elavil), other tricyclics (Remeron, Serzone, and/or Neurontin)

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence supporting the recommendations is not specifically stated.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Appropriate treatment and management of chronic discogenic low back pain that assist medical management leaders in making appropriate benefit coverage determinations

POTENTIAL HARMS

None stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

There is currently insufficient evidence to recommend intradiscal electrotherapy (IDET) as a procedure for relief of pain caused by tears of disc walls or herniated discs. IDET is considered to be "Investigational" and "Unproven" at this time.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Intradiscal electrotherapy (IDET). Philadelphia (PA): Intracorp; 2004. Various p.

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

1997 (revised 2004)

GUIDELINE DEVELOPER(S)

Intracorp - Public For Profit Organization

SOURCE(S) OF FUNDING

Intracorp

GUIDELINE COMMITTEE

CIGNA Clinical Resources Unit (CRU) Medical Technology Assessment Committee (MTAC)

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Not stated

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

All Intracorp guidelines are reviewed annually and updated as necessary, but no less frequently than every 2 years. This guideline is effective from July 1, 2004 to July 1, 2006.

GUIDELINE AVAILABILITY

Electronic copies: Intracorp guidelines are available for a licensing fee via a password protected, secure Web site at www.intracorp.com.

AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

- Policies and procedures. Medical Technology Assessment Committee Review Process. Philadelphia (PA): Intracorp; 2004. 4 p.

Print copies: Available from Intracorp, 523 Plymouth Road, Plymouth Meeting, PA, 19462; Phone: (610) 834-0160

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on December 3, 2004. The information was verified by the guideline developer on January 4, 2005. This summary was most recently updated on May 3, 2005 following the withdrawal of Bextra (valdecoxib) from the market and the release of heightened warnings for Celebrex (celecoxib) and other nonselective nonsteroidal anti-inflammatory drugs (NSAIDs).

COPYRIGHT STATEMENT

The viewing of Intracorp's guidelines is subject to the Terms and Conditions of Use contained on the Intracorp Web-site, and the content of the complete guidelines is available only to customers of Intracorp that provide a valid identification code and password.

© 1998-2005 National Guideline Clearinghouse

Date Modified: 5/16/2005


FIRSTGOV